

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone:(_____) _____
Contact Person Email: _____
Field Contact Person: _____
Field Contact Person Phone: (_____) _____

API No. 15- _____
Spot Description: _____
Sec. _____ Twp. _____ S. R. _____ E _____ W
feet from _____ N / _____ S Line of Section
feet from _____ E / _____ W Line of Section
GPS Location: Lat: _____, Long: _____
Datum: _____ NAD27 _____ NAD83 _____ WGS84
County: _____ Elevation: _____ GL _____ KB
Lease Name: _____ Well #: _____
Well Type: (check one) _____ Oil _____ Gas _____ OG _____ WSW _____ Other: _____
_____ SWD Permit #: _____ ENHR Permit #: _____
_____ Gas Storage Permit #: _____
Spud Date: _____ Date Shut-In: _____

Table with 7 columns: Conductor, Surface, Production, Intermediate, Liner, Tubing. Rows include Size, Setting Depth, Amount of Cement, Top of Cement, Bottom of Cement.

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
Do you have a valid Oil & Gas Lease? _____ Yes _____ No
Depth and Type: _____ Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: _____ Yes _____ No Depth of casing leak(s): _____
Type Completion: _____ ALT. I _____ ALT. II Depth of: _____ DV Tool: _____ w / _____ sacks of cement _____ Port Collar: _____ w / _____ sack of cement
Packer Type: _____ Size: _____ Inch Set at: _____ Feet
Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Date:

Table with 4 columns: Formation Name, Formation Top, Formation Base, Completion Information. Rows 1 and 2.

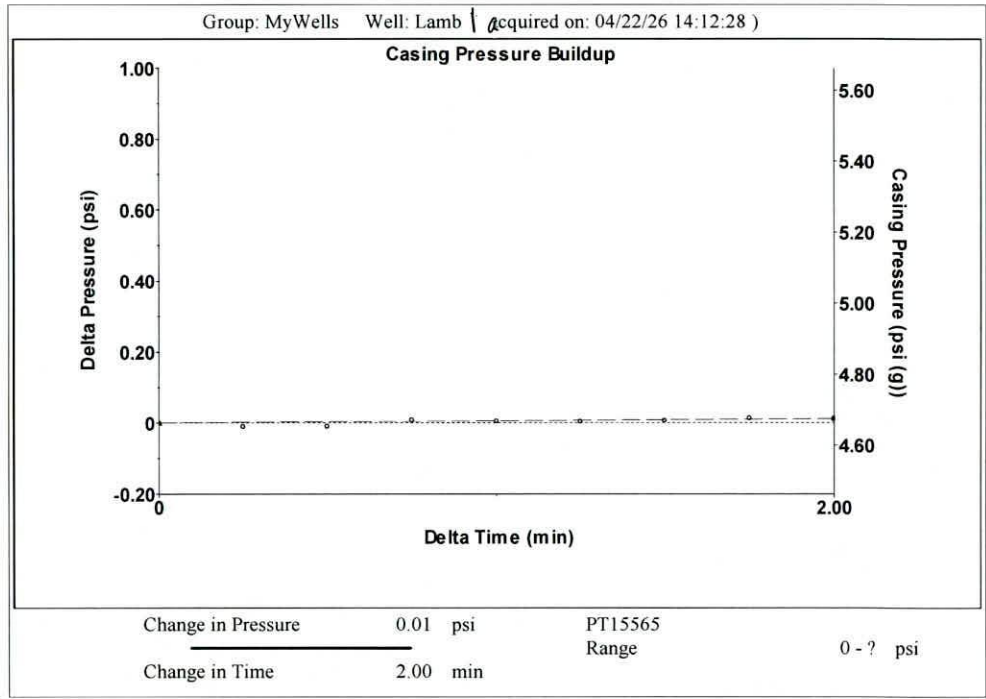
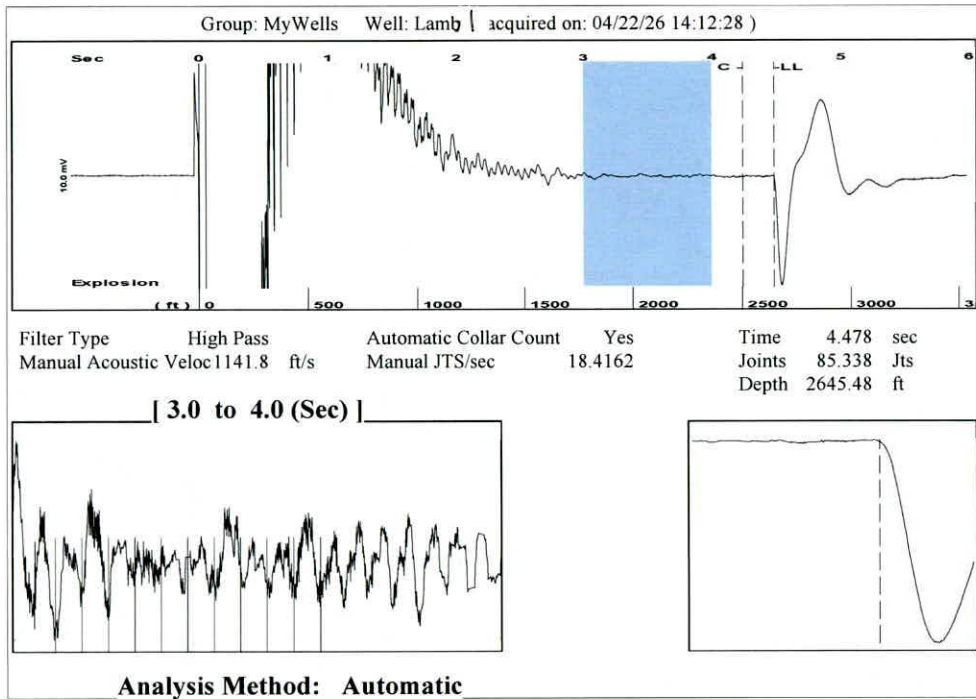
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY
Date Tested: _____ Results: _____ Date Plugged: _____ Date Repaired: _____ Date Put Back in Service: _____
Review Completed by: _____ Comments: _____
TA Approved: _____ Yes _____ Denied Date: _____

Mail to the Appropriate KCC Conservation Office:

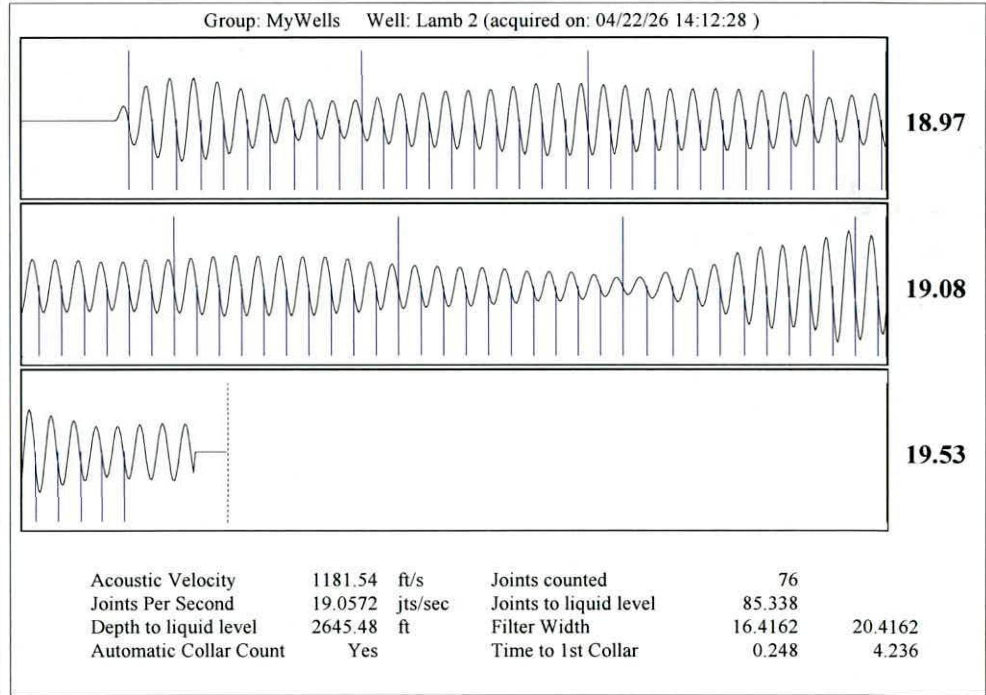
Table with 3 columns: District Office #, Address, Phone. Rows 1-4.



Group: MyWells Well: Lamb 2 (acquired on: 04/22/26 14:12:28)

Production		Casing Pressure	Producing
Current	Potential	4.7 psi (g)	
Oil -*-	-*- BBL/D	Casing Pressure Buildup	Annular
Water -*-	-*- BBL/D	0.013 psi	Gas Flow
Gas -*-	-*- Mscf/D	2.00 min	0 Mscf/D
		Gas/Liquid Interface Pressure	% Liquid
		6.1 psi (g)	100 %
IPR Method	Vogel	Liquid Level Depth	
PBHP/SBHP	-*-	2645.48 ft	
Production Efficiency	0.0	Pump Intake Depth	
		4502.00 ft	
Oil 40 deg.API		Formation Depth	
Water 1.05 Sp.Gr.H2O		4494.00 ft	
Gas 0.80 Sp.Gr.AIR			
Acoustic Velocity	1181.54 ft/s		
Formation Submergence			
Total Gaseous Liquid Column HT (TVD)	1857 ft		
Equivalent Gas Free Liquid HT (TVD)	1857 ft		
Lamb 2			

Pump Intake 633.2 psi (g)
 Producing BHP 630.6 psi (g)
 Static BHP -*- psi (g)



04/29/2026

Anthony Farrar
Indian Oil Co., Inc.
308 S. Main St.
PO BOX 209
MEDICINE LODGE, KS 67104-0209

Re: Temporary Abandonment
API 15-047-20559-00-00
LAMB 1-34
SE/4 Sec.34-26S-16W
Edwards County, Kansas

Dear Anthony Farrar:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 04/29/2027.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 04/29/2027.

You may contact me at the number above if you have questions.

Very truly yours,

Michael Maier"